SCHEDULE 1

(Regulation 31)

FORM 5 – AML Compliance Officer Contact Information and Notification Form

For the purposes of section 21(2) of the Act and Regulation 31, the compliance officer's contact information is provided below.

A. Name and Particulars of AML Compliance Officer

1. Full Name: _____
2. Date of Appointment: _____
3. Term of Appointment (if applicable): _____
4. Other Functions/Designation of the Compliance Officer: _____
5. Full Contact Details
   - Telephone: _____ Mobile: _____
   - Facsimile: _____ Email: _____

B. Name and Address of Financial Institution

6. Name of Financial Institution: _____
7. Address: _____
   _____

C Name and Declaration of Appointing Authority

8. Name of appointing authority: _____
9. Designation: _____
10. Declaration:
    a. I am aware of the roles and responsibilities of the AML Compliance Officer as provided under the Act and the Regulations.
    b. I hereby make the above appointment who shall:
       - be responsible for ensuring compliance with the Act and this Regulation;
       - be given appropriate and adequate authority and responsibility to implement the requirements of the Act and this Regulation;
       - have the authority to act independently and to report to senior management above the compliance officer's next reporting.
       - have timely access to customer identification data and other customer due diligence information, transaction records, and other relevant information.
    c. I declare that I have the authority to make this appointment and declaration.
    d. I declare that all information given in this form is true and correct.

Dated this _____day of _____20____

Signed: _____

11. Stamp/Seal of Financial Institution:

Compliance Officer's Specimen Signature

_____